



UNITED STATES MARINE CORPS

2D MARINE DIVISION DPAC
PSC BOX 20105
CAMP LEJEUNE NC 28542-0105

IN REPLY REFER TO:
5512

CO OR BTRY OFFICE

DATE: DD/MM/YY

From: _____ - _____ USMC
Rank First Name MI Last Name SSN

To: Commanding Officer, _____,
Company or battery Battalion or Regiment

Subj: LOST OR STOLEN MEAL CARD (DD FORM 714)

Ref: (a) MCO 10110.47

1. I certify that my meal card, number _____, was lost or stolen. The statement on the reverse side is information concerning the loss or theft of my meal card.

2. I understand that I am required to return my previous meal card to the Division Personnel Administration Center (DPAC) in the event that it is recovered.

Signature of Marine

CO OR BTRY OFFICE

DATE: DD/MM/YY

FIRST ENDORSEMENT

From: Commanding Officer, _____,
Company or Battery Battalion or Regiment

To: Officer in Charge, Division Personnel Administration Center (DPAC)

Subj: LOST OR STOLEN MEAL CARD (DD FORM 714)

1. This Marine has been counseled concerning the loss or theft of his/her meal card.

Commanding Officer or First Sergeant



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STATEMENT FOR LOSS OR THEFT OF MEAL CARD

SIGNATURE

DATE